



Drug Name: Palynziq (pegvaliase-pqpz)

Date: 4/15/19

Drug Name: Palynziq (pegvaliase-pqpz)	
Required Medical Information:	<p>Initial</p> <ul style="list-style-type: none"> • Patient has a diagnosis of phenylketonuria (PKU) • Prescriber must be certified with Palynziq REMS program • Patient currently uncontrolled on existing management and has a blood phenylalanine concentrations greater than 600 micromol/L. (labs to be provided) • Patient has failed therapy with Kuvan. • Patient must have prescription of auto-injectable epinephrine on hand at all times. • Patient has failed therapy with dietary restriction of phenylalanine. <p>Renewal</p> <ul style="list-style-type: none"> • ≥20% reduction in blood phenylalanine concentration from baseline OR Blood phenylalanine concentration less than or equal to 600 micromol/L after 16 weeks of continuous treatment at max dose of 40 mg once daily
Quantity Limit	
Coverage duration:	<p>Initial: 20 weeks</p> <p>Renewal: 1 year</p>